



September 5, 2002

Mary Cottrell
Secretary
Department of Telecommunications and Energy
One South Station – 2nd Floor
Boston, Massachusetts 02110

Dear Ms. Cottrell,

The Boston Public Health Commission (BPHC) appreciates the opportunity to respond to the Distributed Generation NOI, D.T.E. 02-38 regarding its potential public health impact. Distributed generation (DG) can be a valuable resource for protecting the public from the negative health effects of power outages and instability, as well as air pollution and global climate change. We urge the Department to prioritize the health of Commonwealth residents—especially those who are already disproportionately burdened with environmentally-influenced diseases such as asthma—in DG rulemaking

Our mission at the BPHC is to protect, preserve and promote the health and well-being of all Boston residents, particularly those who are most vulnerable. Along with a growing number of state and local health departments, we have found that energy efficiency and cleaner energy sources are vital to this endeavor. Air pollution and global climate change resulting from fossil-fuel based power production pose health threats which disproportionately effect our most vulnerable residents.

One of our chief concerns is the alarming rate of asthma among Boston residents. In some neighborhoods, asthma hospitalizations among young children are more than five times the state average. Fossil-fuel based power production can lead to two types of air pollution that exacerbate respiratory illnesses such as asthma: ground-level ozone (O₃) and particulate matter (PM). O₃ has been linked to the development of asthma in young children. PM can be carcinogenic, making the use of diesel as the primary fuel source for DG of particular concern. Both air pollutants put stress on our elderly citizens, and have been linked with increased hospitalization and morbidity rates for individuals with cardiovascular diseases.

Fossil-fuel based power production also contributes to global climate change. According to the New England Regional Assessment Group, temperatures in Boston could rise 6-10°F by 2090, leading to an increase in the formation of ground-level ozone, heat related morbidity, and pollen production. Other health concerns include personal injury from more frequent and severe weather events, and the spread of infectious and vector-borne diseases.

For the past three years, the Boston Public Health Commission has responded to these health threats through a collaborative program with the Center for Health and the Global Environment at Harvard Medical School that works to promote energy-efficiency and clean energy projects throughout Boston. We recognize the development of cleaner sources of electricity as one of the most powerful measures to reduce air pollution and greenhouse gas emissions. That is why we feel strongly that regulations guiding the development of DG should aggressively promote low emissions technologies, and discourage the use of technologies that would adversely affect air quality in Boston.

Union of Concerned Scientists et. al. outlined specific strategies for the DTE to make cleaner, more efficient energy production the preferred development pathway for secure and dependable DG in Massachusetts. Developing interconnection and net metering procedures that support the use of smaller, renewables-based DG is essential. It is also important for the Commonwealth to request that distributed generation companies actively research and promote clean types of DG in place of costly system upgrades and additions. We urge DTE to pursue these prudent suggestions.

In addition, we feel strongly that if DG with poor emissions is allowed, the siting should be required to be determined in consultation with local boards of health in order not to exacerbate health disparities for diseases such as asthma and heart disease. Please see the attached map which demonstrates the existing asthma burden in Boston neighborhoods. We are particularly concerned about criteria air pollution in areas with high pediatric asthma hospitalization rates, and will continue to work with DTE, DEP, and other appropriate state agencies to address this issue.

We are very encouraged by your efforts to promote DG, and look forward to participating in the rulemaking process in any way that we can. We apologize for submitting these comments after the requested response date, and hope that your agency will still consider them in this proceeding. We hope that you will create DG regulations that promote public health, through the reduction of criteria air pollutants and greenhouse gas emissions. Please do not hesitate to contact me if our agency can be of any service in this rulemaking process.

Sincerely,

John A. Rich, MD, MPH
Medical Director